MORE QUESTIONS?

Thank you for choosing PeaceHealth as your health care provider. If you have any questions regarding Provider-Based billing, please feel free to contact us.

877-202-3597

PeaceHealth

www.peacehealth.org
877-202-3597

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Medicare Coverage and Provider-based Health Care Services

PeaceHealth

THIS CLINIC IS A PROVIDER-BASED FACILITY

You are receiving care from a clinic that is a department of the hospital and has received approval from Medicare to bill for services as a Provider-Based facility. This means we will bill Medicare separately for professional and facility services; you may receive two bills and you will be responsible for the related co-payments according to your coverage.

What does "Provider-Based" mean?

This is a special Medicare designation for hospitals and clinics that comply with specific regulations. This designation allows clinics to bill Medicare and collect for both a professional fee and a facility fee for their services. Medicare has determined that this clinic has met these regulations.

How does Provider-Based affect my billing?

Medicare requires Provider-Based facilities to bill all health care provider services in two parts. When your medical services are completed, we will submit two claims to Medicare:

- Facility fee - Part A
- Health care provider fee - Part B

You will receive two Medicare Summary Notices from Medicare. Once Medicare has processed its portion of the charges, the balance will be submitted to a secondary payor. If there is a balance after the secondary insurance processes the claim, or if you do not have a secondary insurance, you will be billed for each of the remaining balances.

Please note: The total cost of charges for Medicare patients will not exceed charges incurred by non-Medicare patients receiving the same services.

ESTIMATE OF COINSURANCE AMOUNTS

Medicare requires that we provide you an estimate of your Part A and Part B coinsurance amounts. The actual amounts will vary based on the type, number of services received and any secondary insurance you might have.

Service	Part A	Part B
Office Visit	$11–$17	$12–$27
Radiology	$20–$40	$2–$12
Minor Procedure	$10–$50	$5–$10

Why does the Medicare Secondary Payor questionnaire need to be completed?

As a participating Medicare provider, we are required to screen Medicare patients according to the Medicare Secondary Payor (MSP) rules. At each visit, a business services representative will ask you the MSP questions. These questions will help to confirm if Medicare should process the claim as your primary insurer.